

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

 FORM B
 For New Members, Candidates, and New Employees

 OFFICE OF THE U.S. HOUSE OF REPRESENTATIVES
 LEGISLATIVE RESOURCE CENTER

18 MAY 23 PM 1:56

Name: Anthony Faccavento
Daytime Telephone: _____

FILER STATUS	New Member or Candidate for U.S. House of Representatives	State: <u>Virginia</u>
	Candidates – Date of Election:	District: <u>9th</u>
<input type="checkbox"/>	New Officer or Employee	Staff Filer Type (if Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
Employing Office: _____		Period Covered: January 1, <u>2016</u> to <u>2017</u>

[Signature]
 (Office Use Only)
 A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: e. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?			
C. Did you or your spouse have "earned" income (e.g. salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

 Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Anthony Flaccavento

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BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income										
				A	B	C	D	E	F	G	H	I	J
Identify (e) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, specify the method used, and (b) any other reportable asset or source of income which generated more than \$200 in “unearned” income during the year.													
Provide complete names of stocks and mutual funds (do not use only ticker symbols).													
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.													
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.													
For rental and other real property held for investment, provide a complete address or description, e.g., “rental property,” and a city and state.													
Excluded: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.													
If you have a privately-traded fund that is an Exempted Investment Fund, please check the “EIF” box.													
If you so choose, you may indicate that an asset or income source is that of your spouse (SP), or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.													
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.													
Current Year													
Preceding Year													
SP: <input type="checkbox"/> Meg-Corp Stock <input type="checkbox"/> Simon & Schuster <input type="checkbox"/> ABC Hedge Fund JT: <input checked="" type="checkbox"/> Automobiles <input checked="" type="checkbox"/> Flaccavento Farms <input checked="" type="checkbox"/> Scale, Inc. <input checked="" type="checkbox"/> Eastman Credit Union Accts (con't)	None	None	None	None	None	None	None	None	None	None	None	None	
	\$1-\$1,000	\$1-\$200	\$1-\$200	\$1-\$200	\$1-\$200	\$1-\$200	\$1-\$200	\$1-\$200	\$1-\$200	\$1-\$200	\$1-\$200	\$1-\$200	\$1-\$200
	\$1,001-\$15,000	\$201-\$1,000	\$201-\$1,000	\$201-\$1,000	\$201-\$1,000	\$201-\$1,000	\$201-\$1,000	\$201-\$1,000	\$201-\$1,000	\$201-\$1,000	\$201-\$1,000	\$201-\$1,000	\$201-\$1,000
	\$15,001-\$50,000	\$1,001-\$2,500	\$1,001-\$2,500	\$1,001-\$2,500	\$1,001-\$2,500	\$1,001-\$2,500	\$1,001-\$2,500	\$1,001-\$2,500	\$1,001-\$2,500	\$1,001-\$2,500	\$1,001-\$2,500	\$1,001-\$2,500	\$1,001-\$2,500
	\$50,001-\$100,000	\$2,501-\$5,000	\$2,501-\$5,000	\$2,501-\$5,000	\$2,501-\$5,000	\$2,501-\$5,000	\$2,501-\$5,000	\$2,501-\$5,000	\$2,501-\$5,000	\$2,501-\$5,000	\$2,501-\$5,000	\$2,501-\$5,000	\$2,501-\$5,000
	\$100,001-\$250,000	\$5,001-\$15,000	\$5,001-\$15,000	\$5,001-\$15,000	\$5,001-\$15,000	\$5,001-\$15,000	\$5,001-\$15,000	\$5,001-\$15,000	\$5,001-\$15,000	\$5,001-\$15,000	\$5,001-\$15,000	\$5,001-\$15,000	\$5,001-\$15,000
	\$250,001-\$500,000	\$15,001-\$50,000	\$15,001-\$50,000	\$15,001-\$50,000	\$15,001-\$50,000	\$15,001-\$50,000	\$15,001-\$50,000	\$15,001-\$50,000	\$15,001-\$50,000	\$15,001-\$50,000	\$15,001-\$50,000	\$15,001-\$50,000	\$15,001-\$50,000
	\$500,001-\$1,000,000	\$50,001-\$100,000	\$50,001-\$100,000	\$50,001-\$100,000	\$50,001-\$100,000	\$50,001-\$100,000	\$50,001-\$100,000	\$50,001-\$100,000	\$50,001-\$100,000	\$50,001-\$100,000	\$50,001-\$100,000	\$50,001-\$100,000	\$50,001-\$100,000
	Over \$50,000,000	\$100,001-\$1,000,000	\$100,001-\$1,000,000	\$100,001-\$1,000,000	\$100,001-\$1,000,000	\$100,001-\$1,000,000	\$100,001-\$1,000,000	\$100,001-\$1,000,000	\$100,001-\$1,000,000	\$100,001-\$1,000,000	\$100,001-\$1,000,000	\$100,001-\$1,000,000	\$100,001-\$1,000,000
	Spouse/DC Asset over \$1,000,000*	None	None	None	None	None	None	None	None	None	None	None	None
	Interest												
	Capital Gains												
	EXCEPTED/BLIND TRUST												
TAX-DEFERRED													
Other Type of Income (Specify: e.g., Partnership income or Farm income)													
Current Year													
Preceding Year													
SP: <input type="checkbox"/> Meg-Corp Stock <input type="checkbox"/> Simon & Schuster <input type="checkbox"/> ABC Hedge Fund JT: <input checked="" type="checkbox"/> Automobiles <input checked="" type="checkbox"/> Flaccavento Farms <input checked="" type="checkbox"/> Scale, Inc. <input checked="" type="checkbox"/> Eastman Credit Union Accts (con't)	None	None	None	None	None	None	None	None	None	None	None	None	
	\$1-\$200	X	X	X	X	X	X	X	X	X	X	X	X
	\$201-\$1,000	X	X	X	X	X	X	X	X	X	X	X	X
	\$1,001-\$2,500	X	X	X	X	X	X	X	X	X	X	X	X
	\$2,501-\$5,000	X	X	X	X	X	X	X	X	X	X	X	X
	\$5,001-\$15,000	X	X	X	X	X	X	X	X	X	X	X	X
	\$15,001-\$50,000	X	X	X	X	X	X	X	X	X	X	X	X
	\$50,001-\$100,000	X	X	X	X	X	X	X	X	X	X	X	X
	\$100,001-\$1,000,000	X	X	X	X	X	X	X	X	X	X	X	X
	\$1,000,001-\$5,000,000	X	X	X	X	X	X	X	X	X	X	X	X
	Over \$5,000,000	X	X	X	X	X	X	X	X	X	X	X	X
	Spouse/DC Income over \$1,000,000*	None	None	None	None	None	None	None	None	None	None	None	None
	Partnership Income												
Farm													
Socp.													
Other													

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Anthony Flaccavento

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Assets and/or Income Sources																																																																																																																																																																																																																																																																																																																																																							
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BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E	BLOCK F	BLOCK G	BLOCK H	BLOCK I	BLOCK J	BLOCK K	BLOCK L	BLOCK M	BLOCK N																																																																																																																																																																																																																																																																																																																																										
ASSET NAME	EFF	None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000																																																																																																																																																																																																																																																																																																																																										
SP DC	J	ON Equity 3CG-664562	X	X	X	X	X	X	X	X	X	X	Spouse/DC Asset over \$1,000,000*																																																																																																																																																																																																																																																																																																																																										
ASSET NAME	EFF	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	Current Year																																																																																																																																																																																																																																																																																																																					
SP DC	J	" " 3CG-664562	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Anthony F Laccavento

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Examples:	
ABC Trauer-Assoziierten, Dauhors & T.	http://www.abc-trauer.de
State of Maryland	http://www.maryland.gov
Civil War Roundtable (Oct. 2)	http://www.civilwarroundtable.org
Ontario County Board of Education	http://www.ocboe.org

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
CATHOLIC Diocese	Spouse		
	100% For Piano Playing	1750	&

SCHEDULE D – LIABILITIES

Name: ANTHONY FERRAGAMO

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

*Column K is for liabilities held solely by your spouse or dependent child.

Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
			A	B	C	D	E	F	G	H
First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000							
			\$15,001-\$50,000							
			\$50,001-\$100,000							
			\$100,001-\$250,000							
			\$250,001-\$500,000							
			\$500,001-\$1,000,000							
			\$1,000,001-\$5,000,000							
			\$5,000,001-\$25,000,000							
			\$25,000,001-\$50,000,000							
			Over \$50,000,000							
			Over \$1,000,000* (Spouse/DC Liability)							

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); end positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

<p>Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); end positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year and two previous years.</p>	
Position	Name of Organization
Treasurer - WIN non-compensated - Spouse	WIN WASHINGTON Co. Independent Neighbors

SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Name: Anthony E. Accavento

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SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name: Anthony Flaccavento

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NOTE NUMBER	NOTES
Sch.J.	SCALE, Inc. is an S Corp owned by Anthony Laurel Flaccavento. Although the following payments were made directly to the corporation, we are electing to disclose payments made to Scale, Inc. over \$5000.
Douglas Co. KANSAS -	2016 - \$35,625 2017 \$73,443
Choctaw Nation	Durant, OK 2016 ✓ 2017 \$33,750 \$33,750 \$67,500 Total
Friends of SW VA	Abingdon VA 2016 Ø 2017 \$59,500
Natural Capital Inc	2016 \$7500 2017 Ø
WVA. Food & Farm Coalition	2016 \$10,000 2017 Ø
Hen House Market	2016 \$7500 2017 Ø